



# SHOT TALK



## BACK to SCHOOL

Part of the back to school ritual is to be sure children are up-to-date on their vaccinations. Although most immunizations are administered before a child is two years old, some immunizations are routinely given before school entry or between the ages of 4-6 years of age. Children on an ideal or optimum schedule, as recommended by the State of Texas, will have received 5 doses of DTP/DTaP vaccine, 4 doses of polio vaccine, 3 or more doses of Hib vaccine, 3 doses of hepatitis B vaccine, 2 doses of MMR vaccine and 1 dose varicella vaccine by the time they enter kindergarten. The State of Texas requires children in licensed day care centers and students in kindergarten through grade 12 to be fully immunized according to their age prior to entering school. These regulations are intended to protect all of our children from vaccine-preventable diseases.

Effective August 1, 2003, **all children born on or after September 2, 1992**, attending school or child care facilities in San Antonio and Bexar County will be required to be immunized with the hepatitis A vaccine (given on or after the second birthday) prior to school entry. In addition, students 11 and older must have received one dose of Td vaccine within the last 10 years.

In order to help San Antonio parents and students comply with the state regulations for Texas schools, the San Antonio Metropolitan Health District (SAMHD) will provide vaccinations for children 0-18 years

during the month of August 2003 at the following clinics:

**August 2<sup>nd</sup> 10 am – 4 pm Crossroads Mall, 4522 Fredericksburg Rd.**

**August 9<sup>th</sup> 10 am – 3 pm Northside ISD Activity Center, Culebra at Loop 410**

**August 9<sup>th</sup> 11 am – 5 pm Edgewood Fine Arts Center, 607 Southwest 34<sup>th</sup> St.**

**August 16<sup>th</sup> 9 am – 1 pm Piper-Bass Student Center Blossom Athletic Center, 12002 Jones Maltsberger**

**August 16<sup>th</sup> 10 am – 3 pm Alamo Convocation Center, Alamo Stadium 110 Tuleta**

For more information about immunizations, contact your family doctor or the San Antonio Metropolitan Health District at 207-8790.

### **New Combination Vaccine Now Available Thru VFC**

The San Antonio Metropolitan Health District's VFC Program announced on May 29, 2003 that a new combination vaccine is now available to VFC providers. On December 13, 2002, the U.S. Food and Drug Administration (FDA) licensed a combined diphtheria and tetanus toxoids and acellular pertussis adsorbed (DTaP), inactivated poliovirus vaccine (IPV), and hepatitis B (HepB) (recombinant),

DTaP-IPV-HepB (PEDIARIX™, GlaxoSmithKline Biologicals) for use in infants ages 2, 4, and 6 months. Each dose of PEDIARIX™ contains the same type and amount of diphtheria and tetanus toxoids and pertussis antigens and hepatitis B virus antigens as the DTaP and pediatric formulation of hepatitis B vaccine from the same manufacturer (INFANRIX® and Engerix-B®, respectively). The poliovirus component of PEDIARIX™ contains the same strains and quantity of inactivated poliovirus Types 1, 2, and 3 as the IPV product IPOL® from Aventis Pasteur. [Source: *MMWR*, March 14, 2003/52(10); 203-204, *Notice to Readers* (FDA licensure of PEDIARIX™)].

At the February 2003 meeting, the Advisory Committee on Immunization Practices (ACIP) approved the use of PEDIARIX™ for the Vaccines for Children Program. The SAMHD began distributing PEDIARIX™ to VFC providers and public health clinics in June for use with eligible patients.

Although the FDA and ACIP support alternative indications and usages for the DTaP-IPV-HepB combination, the PEDIARIX™ vaccine available from the SAMHD VFC Program **will be restricted for the time being to infants starting the primary vaccine series at 2 months of age and subsequently at**

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**ages 4 and 6 months.** The vaccine should not be administered to any infant <6 weeks of age or any person over the age of 7 years. The recommended interval between doses is 6–8 weeks (preferably 8 weeks). However, the 3<sup>rd</sup> dose should not be administered before 6 months of age. The PEDIARIX™ combination can be administered simultaneously with Hib and PCV vaccines at separate injection sites.

As long as an infant was started with the PEDIARIX™ combination and subsequently received individual monovalent doses of DTaP, IPV, and hepatitis B for the 4-month-old-series, it will be acceptable to reintroduce PEDIARIX™ vaccine at the 6-month visit provided the proper time intervals have elapsed. For additional information concerning indications and usage for PEDIARIX™ please consult the March 14, 2003 *MMWR*, 52 (10); 203-204, *Notice to Readers* [www.cdc.gov/mmwr/preview/mmwrhtml/mm5210a8](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5210a8) or the PEDIARIX™ package insert.

As with many new vaccines, concerns about reimbursement are a natural business consideration for providers. SAMHD has been informed that reimbursement details have been worked out by some of the major insurance carriers and managed care organizations (under CPT code 90723). In order to receive Medicaid reimbursement at this time, PEDIARIX™ must be listed as billing code *Other Immunization -- 9-5739X* and billed according to the instructions on page 40-9 of the Medicaid Provider Procedures Manual. For more information contact your carrier's Provider Relations office or Medicaid contact. Vaccines for Children providers are reminded that all vaccine provided through the SAMHD can only be used for VFC-eligible patients. Review your VFC enrollment agreement or consult the recently revised VFC manual for more information on VFC eligibility. For more information on ordering

PEDIARIX™ contact Anthony Johnson 921-1178.

For additional information about this vaccine or other immunization related issues, please contact Vivian Flores at 207-2868.

### **Influenza Vaccine Available thru VFC This Season**

On June 20, 2002, the Advisory Committee on Immunization Practices (ACIP) adopted a resolution expanding the group of children eligible for influenza vaccine coverage under the Vaccines for Children (VFC) Program. The resolution extends VFC coverage for influenza vaccine to all VFC-eligible children aged 6-23 months and VFC-eligible children aged 2-18 years who are household contacts of children <2 years of age. Children ≤23 months of age are considered at substantially increased risk for influenza-related hospitalizations according to the ACIP. The resolution became effective on March 1, 2003, for vaccine to be administered during the 2003-04 influenza vaccination season and subsequent seasons.

Influenza Vaccine currently is recommended annually for children aged 6 months through 18 years who have a high-risk medical condition or are household members of a person at high-risk for complications may receive influenza vaccine through the program. Groups of children with high-risk medical conditions include those who 1) have chronic or acute pulmonary, cardiovascular, immunosuppression, and/or metabolic disorders; 2) are receiving long-term aspirin therapy; 3) are residents of long-term care facilities; and 4) are adolescent females in the second or third trimester of pregnancy during the influenza season (typically November-March).

The availability of influenza vaccine through the VFC Program for the 2003-04 season will be based on anticipated need. VFC providers that anticipate providing flu vaccine to their VFC-eligible patients this

season should provide the VFC Program with accurate and practical estimates of the number of VFC patients they plan to vaccinate. Please contact Vivian Flores at 207-2868 to report your estimated 2003-04 influenza vaccine needs.

### **Prevnam Supplies Return**

The VFC Program is pleased to report that Prevnam (PCV7) vaccine production and deliveries are adequate to permit a return to the routine 4dose vaccination schedule (*MMWR* May 16, 2003/Vol. 52/No.19). The ACIP voted to return to the 4dose PCV7 schedule at their June meeting. As a result, the SAMHD Immunization clinics resumed administering PCV7 using the 4dose schedule. In early June, the VFC Program began providing PCV7 vaccine to providers enabling them to resume immunizing VFC-eligible children according to the following schedule:

*All children <24 months and children 24-59 months who are at increased risk for pneumococcal disease (e.g., children with sickle cell disease or anatomic asplenia, chronic illness, a cerebrospinal fluid leak, or who are immunosuppressed) should receive pneumococcal conjugate vaccine.*

At this time there will not be any funding to support catch-up efforts for those children not immunized during the shortage. Thus, it remains imperative to provide this vaccine only to your VFC eligible children as the Immunization Division is only allocated vaccine to support our VFC populations.

For more information regarding PCV7, see *MMWR* 2000; Vol. 49/ (No. RR-9). Thank you for your indulgence and continued support of the VFC Program. If you have any questions about this information or the vaccine, please contact Vivian Flores (207-2868) or Anthony Johnson (921-1178).

## Expired Vaccine Is AVOIDABLE



As practitioners and taxpayers it is in everyone's best interests to avoid wasting vaccine due to expiration. This applies equally to VFC vaccine and privately purchased vaccine.

In a busy practice the details of expiration dates are all too easy to overlook. Unfortunately this takes center stage when patients need a vaccine that has just expired and can't be used to protect the patient.

Here are some tips designed to prevent vaccine loss due to expiration:

**\$\$** Organize the vaccine in your refrigerator or freezer by placing the vaccine with the earliest expiration dates in the front and those with the later dates behind, in date order, for each antigen.

**\$\$** Check your vaccine stock when completing your monthly inventory and rotate your stock to ensure the vaccine with the shortest shelf life is in the front followed by those with the longest shelf life.

**\$\$** If you have VFC vaccine that will expire within 90 days and you do not think you will use it in time, call the vaccine depot at 921-1178 and fax this information on an inventory form to 922-9938.

**\$\$** If your vaccines have been stored within the proper temperature ranges, as documented on your temperature logs, Vaccine Management will pick up this short dated vaccine for use in high volume health department clinics. Unfortunately, Varicella vaccine and opened multi-dose vials of vaccine cannot be picked up after issue for re-use. These will need to be listed as indicated below and picked up after expiration.

**\$\$** Vaccine deliveries are based on the data submitted by providers in their VFC profile. If a provider consistently has expired VFC vaccine

this indicates that the provider profile is incorrect and the provider needs to revise their profile.

**\$\$** Annually, the VFC Program receives federal excise tax credit from vaccine manufacturers on vaccine that expired prior to use. The tax credit received helps fund future vaccine purchases making even expired vaccine valuable! If you have VFC vaccine that has already expired list the expired vaccine on the monthly vaccine inventory form and fax it to 224-5710. You can also give expired VFC vaccine to VFC staff that are delivering vaccine, conducting in-services, or performing site visits at your location. Please note that privately purchased expired vaccines will continue to be the responsibility of the purchaser.

The VFC Program has set a goal of significantly reducing the amount of expired vaccine in 2003. With the help of our immunization partners, this goal is within reach. If you have questions regarding expired vaccine, contact Anthony Johnson at 921-1178 or Vivian Flores at 207-2868.

## How HIPAA Affects VFC

The Health Insurance Portability and Accountability Act (HIPAA) applies to providers who are covered entities under the rule. The rule was amended on August 14, 2002. Providers now need an authorization to disclose protected health information unless the disclosure is for treatment, payment, or health care operations, to the individual, or falls under one of the specified exceptions. 45 CFR section 164 lists the following exceptions for which an authorization is not required.

### The following exceptions do not require authorization:

**164.512(a)** allows disclosures required by law

**164.512(b)(1)(i)** allows disclosure for public health activities to "a public health authority that is authorized by law to collect or receive such information for the purpose of

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preventing or controlling disease, injury, or disability, ... the conduct of public health surveillance, public health investigations, and public health interventions..."

**164.512(d)** allows disclosure for health oversight activities.

**(d)(1)(ii)** and **(d)(111)** authorize disclosure as part of oversight to determine beneficiary eligibility and to determine compliance with program standards

These exceptions are listed separately and a mandate to report is not required. With regards to the exceptions listed above, disclosure to public health would be permitted under (b) and (d). The rule is available on the Office of Civil Rights (OCR) website.

The United States Department of Health and Human Services (HHS) has issued guidance and technical materials to explain the privacy rule, including an extensive, searchable collection of frequently asked questions that address major aspects of the rule. These materials are currently available at [www.hhs.gov/ocr/hipaa/assist.html](http://www.hhs.gov/ocr/hipaa/assist.html). A question about the disclosure of information to public health entities appears on pages 80-81. The response addresses mandatory and permissive disclosures.

To help covered entities interpret and understand the new privacy regulation and other administrative simplification provisions, OCR and HHS' Centers for Medicare & Medicaid Services have established a toll-free information line: (866) 627-7748. In addition, you will find a one-page document titled "Disclosure to Public Health Under the HIPAA Privacy Rule" on the Centers for Disease Control and Prevention (CDC) National Immunization Program's (NIP) website [www.cdc.gov/nip/registry/pchs.htm](http://www.cdc.gov/nip/registry/pchs.htm).

HIPAA will have no impact on the Clinic Assessment Software Application (CASA), nor the Quality

Assurance/Assessment, Feedback, Incentive, and Exchange (QA/AFIX) Programs. The most visible change resulting from HIPAA will be conversion from the use of local agency Medicaid billing codes to CPT codes in order to bill for Medicaid services. This change will be implemented agency wide by October 2003.

Providers with questions or concerns regarding HIPAA can contact the references listed above for further information.

*Source: Texas Department of Health, The Upshot Online by Monica Tipton*

### Site Visits Benefit Providers

The Quality Assurance/AFIX (QA/AFIX) Team continues to conduct site visits at clinical offices in San Antonio and throughout Bexar County. Site visits provide valuable information to providers on their immunization practice patterns and immunization rates. The objective of the site visit is to ensure that VFC enrolled providers are immunizing patients according to the Advisory Committee on Immunization Practices (ACIP) and Vaccines for Children (VFC) Program guidelines. The site visit is designed to help identify possible barriers to immunization that may result in low vaccination coverage or missed opportunities for immunization. The role of the QA/AFIX team is to assist providers in finding practical solutions to immunization related dilemmas within their facilities. **QA/AFIX is here to help!!**

The members of the QA/AFIX team would like to thank the following providers and their staffs for participating in the QA/AFIX site visit process during the past quarter:

The Family Doctor Office-Guadalupe, Dr. Trevino, Laurel Heights Clinic, South Texas Center for Pediatric Care-Downtown, Kellum Pediatric Clinic, First Steps Pediatrics, Hill's Medical Clinic, Dr. Kost, Dr. Tano, Dr. Gruesbech,

Porter Medical Associates, Pediatric Associates Clock Tower, Dr. Brickman, Dr. Samaniego, Kid-Doc Pediatrics, Dr. Yerrington, Alamo City Medical Group - N.W. Military Hwy, Dr. DeLeon, Centro Med - Somerset Family Clinic, Allied Institute of Medicine, Community Clinic Inc., Dr. Ostrower, Community Family Medicine, San Antonio Family Medical Clinic, Medical Care Clinic at McAuliffe, Bexar County Juvenile Detention Facility-Southton, Holy Cross-Marbach, City Chest Clinic, University Family Health Center-S.W., South Texas Center for Pediatric Care-Stone Oak, Alamo City Medical-I.H. 35 N., South Texas Center for Pediatric Care-Southeast, South Texas Center for Pediatric Care-Medical Center, Health Texas Medical Group-Leon Valley, South Texas Center for Pediatric Care-Southwest, Dr. Estrada, ABCD Pediatrics, Alamo City Medical Group-Schertz, Dr. Olivares, Lanier Student Based Clinic, Southwest Clinic, Little Texans Pediatrics, Children First Pediatrics, Dr. Galarneau-Roosevelt, Dr. Galarneau-Manor, Dr. Abraham-Cox, Por Vida Academy, Dr. Alukal, Meridian Medical Group, Northeast Pediatrics Associates, Dr. Ochoa, Dr. Do-S.W. Military, Dr. Do-New Braunfels, Family Doctor Office-Commercial, Lytle Medical Clinic, Kellum Medical Clinic-Adkins.

**Congratulations** are in order for the following providers that achieved impressive immunization coverage rates during the past quarter: Kellum Pediatric Clinic (96%), First Steps Pediatric (94%), Northeast Pediatrics Associates (86%), Dr. Valerie Ostrower (85%), and Dr. Abraham-Cox (81%). These facilities worked proactively to ensure that over 80% of the children seen by their practices are up-to-date on their required immunizations of 4 DTaP, 3 Polio, 1 MMR, 3 Hib, and 3 Hep B by 24 months of age. All of these facilities invested substantial efforts towards improving children's immunization coverage levels within their practices.

Special congratulations go out to the office of Dr. Gloria Abraham-Cox. Of the children 24 months of age and older, 100% received DTaP-1 by 12 months of age and 100% received DTaP-4 by 24 months of age. **JOB WELL DONE!! Keep up the great work!!**

VFC providers are encouraged to use the CDC's developed Clinical Assessment Software Application (CASA), to simplify keeping patient's immunization status up-to-date. The CASA software is free of charge and the QA/AFIX staff is available to assist with training and installation. For more information please contact Kenya Wilson at 207-3974.

### VFC Grows and Grows!

Since the April edition of Shot Talk, the Vaccines for Children Program is proud to announce that the following healthcare professionals have joined the VFC Program:

**Julian R. Cantu, M.D.**

**Federico Ng, M.D.**

**Olmos Park Medical Associates**

**Terry E. Pick, M.D.**

**Abigail Rios Barrera, M.D.**

### Welcome Aboard!

### Successful Celebration

The San Antonio Metropolitan Health District (SAMHD) celebrated National Infant Immunization Week (NIIW) April 13-19. The highlight of the week was the NIIW Kick off Event and Vaccines for Children Provider Appreciation Breakfast held on April 17, 2003. The event was well attended with over 300 guests. The breakfast was sumptuous and complimented by the immunization expertise and wealth of knowledge shared with the audience by the keynote speaker and other presenters.



VFC providers were recognized for impressive immunization rates and received certificates of achievement. The morning concluded with door prize drawings that delighted the lucky winners.

### National Immunization Awareness Month

The National Partnership for Immunization (NPI) has designated August as National Immunization Awareness Month (NIAM) to remind parents, adults, caregivers, health care providers and others that immunization improves the health and quality of life for persons of all ages in the US. August is an appropriate time for such reminders because parents are preparing for the start of school, students are leaving for college and the flu season is rapidly approaching.

Why are immunizations important? Immunization was one of the most significant public health achievements of the 20th century. Vaccines have eradicated smallpox, eliminated wild poliovirus in the US and significantly reduced the number of cases of measles, diphtheria, rubella, pertussis and other diseases.

But despite these efforts, today thousands of people in the US still die from these and other vaccine-preventable diseases. Vaccines offer safe and effective protection from infectious diseases. By staying up-to-date on the recommended vaccines, individuals can protect themselves, their families and friends, and their communities from serious, life-threatening infections.

Who should be immunized? Getting immunized is a lifelong, life-protecting community effort regardless of age, sex, race, ethnic background or country of origin. Recommended vaccinations begin soon after birth and continue throughout life. Being aware of the vaccines that are recommended for infants, children, adolescents, adults of all ages and seniors, and making sure that we receive these

immunizations, are critical to protecting ourselves and our communities from disease.

When are immunizations given? Because children are particularly vulnerable to infection, most vaccines are given during the first five to six years of life. Other immunizations are recommended during adolescent or adult years and, for certain vaccines, booster immunizations are recommended throughout life. Vaccines against certain diseases that may be encountered when traveling outside of the US are recommended for travelers to specific regions of the world. The mission of the National Partnership for Immunization is to encourage greater acceptance and use of immunization for all ages through partnerships with public and private organizations.

**For more information** about vaccines and vaccine recommendations please visit the Web site of the National Partnership for Immunization, at [www.partnersforimmunization.org](http://www.partnersforimmunization.org).

### Smallpox Prevention and the SAMHD

Smallpox is caused by the variola virus that ravaged human populations for thousands of years. The disease was eradicated after a successful worldwide vaccination program. Except for laboratory stockpiles for research purposes, the variola virus has been eliminated. The last U.S. case of smallpox was in 1949. On the world scene, the last naturally occurring case of smallpox was in 1977 in what is now called Somalia. After the disease was eliminated worldwide, routine smallpox vaccination for the general public ceased because it was no longer necessary for prevention.

As a result of the events of September and October 2001, there is heightened concern that the variola virus (smallpox) might be used as a

weapon by bioterrorists. For this reason, the U.S. government is taking precautions for dealing with a smallpox outbreak.

The San Antonio Metropolitan Health District (SAMHD) in conjunction with the Centers for Disease Control and Prevention (CDC) and the Texas Department of Health (TDH) has been working to implement Phase I of the Pre-Event Smallpox Vaccination Plan. During Phase I of the plan two categories of personnel will be vaccinated. The first group or category is public health personnel who would make up the smallpox response team involved in the investigation/control of a possible/actual smallpox case or outbreak. The second category is hospital personnel who would be involved in the care of possible/actual smallpox cases in those hospitals where the cases would be diagnosed and treated. Participation by both public health and hospital personnel is strictly voluntary.

Phase II will involve emergency medical services, fire department, law enforcement and additional medical care personnel. Phase III would be vaccination of the general public. Final decisions about these phases are pending at this time.

CDC is supplying Dryvax® smallpox vaccine at no charge to the state and local health departments. (Dryvax® is the vaccine stored since smallpox vaccinations were ceased 1972.). The state Of Texas has received 30,000 doses of the vaccine, which it, in turn, has distributed to local health departments. The actual vaccinations are currently being given by SAMHD public health nurses to the phase I volunteers. For more information regarding the SAMHD smallpox prevention plan you can contact Nancy Walea, RN at 207-2110.



## Vaccine Studies Commence

The San Antonio Metropolitan Health District is starting two vaccine studies at the main downtown Immunization Clinic. The first study consists of administering hepatitis A and hepatitis B vaccines on an accelerated schedule in the adult population. This accelerated schedule benefits those individuals such as travelers who find themselves leaving the country on short notice to regions endemic for both hepatitis A and hepatitis B. Clients who are eligible for this study cannot have received or been exposed to either hepatitis A or hepatitis B. Additional requirements include being in good health, over eighteen years of age, and the ability to make nine study appointments during an eighteen-month timeframe. Enrollment for the hepatitis A/hepatitis B study began the first week of July.

The second study being conducted at SAMHD is a hepatitis A study in 15-18 month old toddlers. The objective of this study is to evaluate the immunogenicity of administering the hepatitis A vaccine in a younger age cohort. Currently in the United States (US), hepatitis A vaccines are not indicated for children below the age two. Although the overall incidence of hepatitis A in the US has declined over the past several decades, it continues to be one of the most frequently reported vaccine-preventable diseases. Up to 18% of reported cases occur among children in day-care, their household contacts or employees in day-care centers. Vaccination of children at a younger age would help to further decrease the number of hepatitis A cases. Enrollment for this study is expected to start at the end of the summer.

For more information on either study please call Brenda Lemke at 207-6916.



## West Nile Virus

Texas Department of Health experts urge residents to protect themselves against West Nile virus. Reduce risk of getting the mosquito-borne West Nile virus by remembering the **four Ds: drain, dress, DEET and dusk/dawn.**

**1. Drain standing water around their homes to reduce mosquito hatching grounds.**

**2. Dress in pants and long sleeves when outside in mosquito-infested areas, but avoid becoming too hot.**

**3. Apply an insect repellent that contains DEET (N,N-diethyl-m-toluamide) to exposed skin and to clothing when outdoors.**

**4. Stay indoors at dusk and dawn, when mosquitoes are most active.**

Not every mosquito bite causes illness. Very few mosquitoes carry the virus, and less than one percent of the bites from mosquitoes that do have the virus actually cause serious illness. But West Nile virus is in Texas, and it's a good idea to reduce the low risk even further by eliminating mosquito-hatching grounds and by minimizing exposure to mosquitoes.

In people, infection by the virus can cause West Nile fever, which has mild, flu-like symptoms. It also can cause swelling of the brain, spinal cord or surrounding membrane. Mosquitoes get the virus when they bite infected birds. People and animals get West Nile virus from the bite of an infected mosquito, not from other people, animals or birds. Dogs and cats do not usually become ill with West Nile virus.

In 2002, the first year that West Nile virus was detected in Texas, there were 202 human cases of serious West Nile illness. Thirteen of the 202 died. The virus was detected in 213 of Texas' 254 counties that first year. There were about 1,700 Texas horses infected with West Nile

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Virus in 2002 and approximately one third died or were euthanized.

In 2003, 13 infected horses have been reported in 6 counties. See chart below:

West Nile Virus in Texas, 2003, as of July 1, 2003		
Sample Type	Cases	Counties
Bird	13	6
Human	0	0
Mosquito	20	7
Horse	5	4
<b>Total</b>	<b>38</b>	<b>*13</b>

For additional information about West Nile virus call the SAMHD at 207-8853. More information is available on the TDH Web site at [www.tdh.state.tx.us](http://www.tdh.state.tx.us).

Source: Texas Department of Health Media Release May 14, 2003.

## Immunization Division Contacts

Program Operations: Mark Ritter, MHA	207-8794
Public Health Advisor: Thomas Finke, MPA	207-2870
Clinical Operations: Linda B. Lopez, RN	207-8804
Hepatitis Program/Surveillance: Tom Gonzalez, MLT	207-2088
VFC Coordinator: Vivian B. Flores	207-2868
Vaccine Management: Anthony Johnson	921-1178
Infant Action Plan/WIC Linkage: Pamela Williams	207-2869
Vaccine Studies: Brenda Lemke, MHA	207-2859
Registry/Info. Systems: Walter Widish, Ms	207-8792
Adolescent/Adult Program: Rita Salazar	207-8877
QA/AFIX Program: Kenya Wilson	207-3974
Foreign Travel: Rebecca Prieto, RN	207-8872

**SAMHD:** [www.santantioio.gov/health](http://www.santantioio.gov/health)

**TDH:** [www.tdh.state.tx.us](http://www.tdh.state.tx.us)

**CDC:** [www.cdc.gov](http://www.cdc.gov)

**IAC:** [www.immunize.org](http://www.immunize.org)

## Upcoming City Holiday

**Labor Day September 1, 2003**

